PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10597549

| | | CLAIMS A | S FILED - P | ARTI | | | | | ··· | | |
|--|--|---|-------------|--|------------------------|-------|--------------|------------------------|-----|---------------------|------------------------|
| (Column 1) (Column 2) | | | | | | | MALLE | NTITY | OR | LARGE E | NTITY |
| U.S. NATIONAL STAGE FEES | | | | | | . R | ATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | BASIC | FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | _ | | | EXAM. | FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | SEARC | CH FEE | | | SEARCH FEE | 160 |
| FEE FOR EXTRA SPEC. PGS. | | | minus | s 100 = | / 50 = ; | X \$ | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 21 minu | ıs 20 = | (| X \$ | 25 = | | OR | X \$ 50 = | 50 |
| INDEPENDENT CLAIMS | | | 3 mir | านร 3 = | | X \$ | 100 = | | OR | X \$ 200 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | + \$ | 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TAL | | OR | TOTAL | 650 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SM | IALL E | NTITY | OR | OTHER T SMALL EI | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOUS PAID FO | R PRESENT SLY EXTRA | R/ | ATE | ADDI- TIONAL FEE | ٠ | RATE | ADDI- TIONAL FEE |
| | Total | * . | Minus | ** | = | X \$ | 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ | 100 = | · | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | AIM | +\$ | 180 = | | OR | + \$ 360 = | |
| | | ···· | | i. | | | ADDIT. EE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | · • | | \ . |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOUS PAID FO | R PRESENT SLY EXTRA | R/ | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus 🛶 | ** | • | X \$ | 25 = | · | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 180 = | · | OR | + \$ 360 = | |
| | | | | | | | ADDIT. EE | | OR | TOTAL ADDIT. | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.